Memorandum

Date : AUG 0 2 2010

To : Michael Minor
Superintendent
O.H. Close Youth Correctional Facility

Subject : **FOLLOW-UP REVIEW AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY**

The purpose of this memorandum is to advise you that the Office of Audits and Court Compliance (OACC), on August 24 through 25, 2010, will be conducting follow-up reviews to the Operational/Peer Review, conducted May 19 through 21, 2008; Case Conference Review conducted December 1 through 5, 2008; and the Education Remedial Plan conducted October 26 through 29, 2009.

We would like to schedule an entrance conference with you and/or your appropriate staff on August 24, 2010 at 09:00 a.m., to discuss briefly the method by which the follow-up review will be conducted.

The follow-up review will focus on partial and non-compliant findings and implementation of corrective measures listed in the approved corrective action plan (CAP). To expedite the follow-up review process, please assemble proof of practice for corrected items. For example, if training was cited in your CAP as the way to correct the deficiency, please provide training records; if policies were being revised, please provide the revised policy, etc. This information will be needed at the time of the entrance conference.

If you should have any questions, please contact George Valencia, Youth Administrator, OACC, at (916) 255-2928.

MICHAEL K. BRADY
Assistant Secretary (A)
Office of Audits and Court Compliance

Attachments

cc: Bernard Warner, DJJ
Rachel Rios, DJJ
Sharie Wise, DJJ
Sandra Youngen, DJJ
Dorene Nyland, OACC
Steve Kruse, DJJ
Robert Pennington, OHCYCF
Teresa Perez, OHCYCF
Rickey McGill, OHCYCF
Jim Cripe, OHCYCF
George Valencia, OACC
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Adult and Juvenile Peer Reviews Area of Responsibility

The Office of Audits and Compliance (OAC) Adult and Juvenile Peer Reviews are a coordinated effort to include: The Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services.

OAC only conducts follow-up reviews in our areas of responsibility. This responsibility includes Business Services, Education, Administrative Segregation Due Process and Security and Escape Prevention.

OAC is not responsible for follow-up reviews in the following areas: Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services' Information Security Office.

Follow-up reviews conducted by OAC are scheduled as follows:

- If adult institutions/prisons/facilities score below 90 percent in Security and Escape Prevention and in Education, a six month follow-up is scheduled.

- If adult institutions/prisons/facilities score below 85 percent in Administrative Segregation Due Process, a six month follow-up is scheduled.

- The Business Services section schedules a follow-up based on the number of findings at the institution/prison/facility.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

Finding 1: The Absentee Codes, indicating excused and unexcused absences, are not standardized.

| The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility (OHCYCF) take the following actions:							
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
1.1	JBHS and Central Office work collaboratively to standardize the Absentee Codes.	Superintendent of Education	1. Establish an Absence Codes Workgroup with representation from Principal/Managers (SME), site Principals, and Attendance Coordinators to revise and standardize the Absence Codes for all facilities.	March 30, 2010	Incomplete	Superintendent's Memo	
		Absence Codes Workgroup	1. Develop revised Absence Codes list with usage guidelines for excused and unexcused reasons for absence to be adopted by administrators.	April 30, 2010	Incomplete	Adopted revised Absence Codes list	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
1.2	Provide training to: • JBHS Principal, Assistant Principal(s) so that they are able to present accurate data to the court experts. • JBHS education staff that input attendance data into the WIN system. • Security staff that document absentee codes into the daily attendance report. • Central Office education staff that input data into the WIN Attendance Tracking report.	Superintendent of Education Principal/Manager Designee or (SME)	1. Appoint Principal/Manager (SME) to train School Administrators, Attendance Coordinators, School Security Attendance Officers and Central Office attendance monitors per revised standardized Absence Codes for WIN tracking protocols. 1. Develop training plan. 2. Provide training approved by Superintendent to all staff under Recommendations/Descriptions.	April 30, 2010 June 30, 2010 August 6, 2010	Incomplete Incomplete Incomplete	Superintendent's Memo Training Lesson Plan Training Rosters	

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
1.3	JBHS and Central Office work collaboratively to present the finalized absentee system with the formula that identifies the accurate percentages of excused and unexcused students to the court experts for their feedback.	Principal/Manager Designee or (SME)	1. Present standardized data collection and coding system with explanation to the court experts for feedback. 2. Submit finalized data collection and coding system to Farrell Education Team Lead for Court Expert notification.	June 30, 2010 July 31, 2010	Incomplete Incomplete	Meeting Minutes/Agenda Finalized coding sheet with explanation	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

Finding 2: **The Teacher Monthly ADA SDC Summary and the WIN Attendance Tracking report do not accurately indicate excused and unexcused attendance numbers.**

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The Office of Audits and Compliance recommends that OHCYCF take the following actions:							
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
2.1	JBHS and Central Office work collaboratively to ensure the WIN Attendance Tracking report indicates accurate percentages of excused and unexcused student absences.	Superintendent of Education	1. Direct Site Principals and Principal/Manager (SME) to finalize excused/unexcused absentee codes for WIN to compute student absences.	March 30, 2010	Incomplete	Superintendent's Memo	
		Principal/Manager or (SME)	1. Provide input to WIN designer to ensure WIN tracking report will accurately track percentages of excused and unexcused absences.	April 30, 2010	Incomplete	IT request for work or E-mail requesting modification of WIN for attendance tracking	
		WIN Developers	1. Modify existing WIN attendance tracking formula to comply with excused/unexcused absences.	August 6, 2010	Incomplete	Notification/Email from WIN Developers of completed task	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
2.2	Provide training to: • JBHS education staff that input the attendance data into the WIN system.	Superintendent	1. Appoint Principal/Manager (SME)/Designee to train JBHS Attendance Coordinator/back-up attendance WIN data inputter in standardized WIN Attendance tracking protocols.	April 30, 2010	Incomplete	Superintendent's Memo	
	• Security staff that document absentee codes into the daily school attendance report.	Principal/Manager Designee or (SME)	1. Develops training approved by Superintendent. 2. Provides School Attendance Accountability Coordinator and back-up attendance WIN data inputter that document absentee codes with WIN Attendance Tracking protocols.	June 30, 2010 August 6, 2010	Incomplete Incomplete	Training Lesson Plans Training Roster	
	• Central Office education staff that input data into the WIN Attendance Tracking report.						
2.3	JBHS and Central Office work collaboratively to present the finalized absentee system with the formula that identifies accurate percentages of excused/unexcused students to the court experts for their feedback.	Principal/Manager Designee or (SME)	1. Present standardized data collection and coding system with explanation to the court experts for feedback. 2. Submit finalized data collection and coding system to Farrell Education Team Lead for court experts notification.	June 30, 2010 July 31, 2010	Incomplete Incomplete	Meeting Minutes/Agenda Finalized coding sheet with explanation	

Finding 3: The mathematical formula used by the WIN Attendance Tracking report to indicate the percentages of excused and unexcused absences is ambiguous; the numbers provided cannot be verified or replicated.

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The Office of Audits and Compliance recommends that OHCYCF take the following actions:							
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
3.1	JBHS and Central Office work collaboratively to ensure the WIN Attendance Tracking report utilizes a simple formula that can be replicated by JBHS Principals and Central Office.	Superintendent of Education	1. Appoint a Principal/Manager (SME) to revise the Excel spreadsheet entitled WIN Attendance Tracking report's absentee compilation formula to compute excused and unexcused student absences.	April 30, 2010	Incomplete	Superintendent's Memo	
		Principal/Manager (SME)	1. Present revised spreadsheet to site Principals for review and adoption.	June 30, 2010	Incomplete	Principal Meeting Minutes/Agenda	
3.2	Provide training to: • JBHS education staff that input attendance data into the WIN system. • Central Office education staff that input data into the WIN Attendance Tracking report.	Principal/Manager (SME)	1. Provide training to site school administrators and central office attendance staff that compile the spread sheet titled, "WIN Attendance Tracking Report."	August 6, 2010	Incomplete	Training Roster	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
3.3	JBHS and Central Office work collaboratively to present the finalized absentee system with the formula that identifies the accurate percentages of excused and unexcused absences to the court experts for their feedback.	Superintendent of Education	1. Present standardized data collection and coding system with explanation to the court experts for feedback.	June 30, 2010	Incomplete	Meeting Minutes/Agenda	
			2. Submit finalized data collection and coding system to Farrell Education Team Lead for court experts notification.	July 31, 2010	Incomplete	Finalized coding sheet with explanation	

Finding 4: **Special education and related services were not provided to all special education eligible students.**

	The Office of Audits and Compliance recommends that OHCYCF take the following actions:						
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
4.1	OHCYCF and Central Office work collaboratively to provide additional resources to address the lack of a full continuum of special education services (Speech & Language Specialists (SP/LANG), etc.).	ESB Special Ed Program Specialist/Principal	1. Hire LSHS Specialist to eliminate incompleted LSHS required service hours. 2. Negotiate a contract with the San Joaquin County office of Special Education Local Planning Area (SELPA).	February 26, 2010 July 1, 2010	Complete Incomplete	LSHS hired as of February 2010/Timesheets Preliminary Contract	

Review of the Education Services Remedial Plan at O.H. CloseYouth Correctional Facility

CORRECTIVE ACTION PLAN

October 26 through 29, 2009

Finding 5: Special education staff failed to provide 90 percent of the required service hours in the IEP's to a number of students.

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The Office of Audits and Compliance recommends that OHCYCF take the following actions:							
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
5.1	OHCYCF and Central Office work collaboratively to provide additional resources to address the lack of a full continuum of special education services (SP/LANG, etc.).	Principal	1. Principal monitors special ed service logs to ensure continuum of services is being provided. 2. Monitor special education service logs and compensatory service logs to ensure services are provided to all students for any services not meeting 90%.	March 1, 2010 April 10, 2010	Complete Incomplete	Principal's Monthly Report Compensatory Service logs initialed by administrator	

Finding 6: Special education staff failed to provide 90 percent of the required service hours in the IEP's to a number of students.

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The Office of Audits and Compliance recommends that OHCYCF take the following actions:							
CPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
6.1	OHCYCF and Central Office work collaboratively to provide additional resources to the facilities to address the lack of a full continuum of special education services (SP/LANG, etc.).	Principal	1.Principal monitors special ed service logs to ensure continuum of services is being provided.

2.Monitor special education service logs and compensatory service logs to ensure services are provided to all students for any services not meeting 90%. | March 1, 2010

April 10, 2010 | Complete

Incomplete | Principal's Monthly Report

Compensatory Service logs initialed by administrator. | |

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CASE CONFERENCE SYSTEM AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

December 1 through 5, 2008

Finding 1:   **Initial case conference did not occur within five weeks of the ward's arrival.**

The Office of Audits and Compliance recommends that O. H. Close Youth Correctional Facility (OHCYCF) take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
1.1	Update the OHCYCF Operations Manual Case Conference Sections to incorporate the entire case conference procedure.	PA III	1. Review existing OHC Operations Manual Case Conference Sections 6070-6085	06/02/09	Incomplete	Revised OHC Operations Manual	
			2. Update existing Case Conference Sections 6070-6085 with new Policy or TDOs	06/02/09	Incomplete		
			3. Manual revisions will be placed on OHC's Shared Server and hard copy sent to all OHC Manual holders to replace existing sections	06/02/09	Incomplete		
1.2	Provide training to the Parole Agent I (PAI), Casework Specialist (CWS), and Case Manager (CM) on the tracking procedures and how to meet the case conference time constraints.	PA III	1. PA III will review/train tracking procedures and ways to meet Case Conference time constraints in the Parole Agent's meeting	12/23/08	Complete	Meeting minutes Sign-in sheet	
			2. PA III and TTS will meet and monitor tracking procedures weekly	12/23/08	Complete	Meeting minutes Sign-in sheets	
			3. Once manual revisions are completed, PA III will train/review CM/CWS/PA I and Managers on changes made to manual	06/15/09	Incomplete	Meeting minutes Training Roster	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CASE CONFERENCE SYSTEM AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

December 1 through 5, 2008

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
1.3	Create a monthly monitoring system to ensure time constraints for the initial case conferences are met.	PA III	1. PA III will randomly monitor in WIN weekly to ensure that intitial Case Conferences are scheduled and conducted within the five week time frame	04/03/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, regarding Case Conference System dated 04/03/09	
		TTS	1. TTS will check WIN within the first week of the youth's arrival to the hall to ensure the youth has been assigned a YCC and initial Case Conference has been scheduled within the five week time frame. Monitor weekly	04/03/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, to all Managers regarding Case Conference System Deficiencies dated 04/03/09	
			2. TTS will monitor WIN weekly to identify new intakes	04/03/09	Complete		
1.4	Have back up staff assume the caseworker's responsibilities if they attend prolonged training.	CM/CWS/PA I	1. Each hall, with the exception of Glen Hall, has two CM/CWS/PA I. One floater PA assists Glen Hall. The back-up for each hall is the 2nd CM/CWS/PA or the floater	04/03/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, regarding Case Conference System dated 04/03/09 memoralizes the process	
		TTS	1. If there is no CM/CWS/PA I available, the Living Unit Manager of the hall will fill in	04/03/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, regarding Case Conference System dated 04/03/09	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CASE CONFERENCE SYSTEM AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

December 1 through 5, 2008

Finding 2:   First progress case conference not reviewed within 60 days of the initial case conference.

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
	The Office of Audits and Compliance recommends that OHCYCF take the following actions:						
2.1	Update the OHCYCF Operations Manual Case Conference Sections to incorporate the entire case conference procedure.	PA III	1. Review existing OHC Operations Manual Case Conference Sections 6070-6085	06/02/09	Incomplete	Revised OHC Operations Manual	
			2. Update existing Case Conference Sections 6070-6085 with new Policy or TDOs	06/02/09	Incomplete		
			3. Manual revisions will be on OHC's Shared Server and sent to all OHC Manual holders to replace existing sections	06/02/09	Incomplete		
2.2	Provide training to the PAI, CWS, and CM for tracking the time constraints and establishing priorities.	PA III	1. PA III will meet with and train CM/CWS/PA I regarding the time constraints for 60 day Case Conference and establishing priorties	12/23/08	Complete	Meeting minutes Sign-in sheet	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CASE CONFERENCE SYSTEM AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

December 1 through 5, 2008

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
2.3	Create a monthly monitoring system to ensure time constraints for the first progress case conference are met.	PA III	1. PA III will monitor in WIN weekly	04/03/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, regarding Case Conference System dated 04/03/09	
		TTS	1. TTS will check in WIN to ensure this is occurring after the Initial Case Conference and every 60 day Case Conference. Monitor weekly	04/03/09	Complete	Hard copies of monthly Case Conference schedules	
		CM/CWS/PA I	1. After the Initial Case Conference or 60 day Case Conference, the CM/CWS/PA I will schedule the 60 day Case Conference using the established Case Conference Schedule for the year. Case Conferences will be posted and a hard copy sent to PA III and TTS	12/23/08	Complete	Meeting minutes Sign-in sheet	
2.4	Ensure PAI, CWS, and CM routine duties are completed when given additional assignments.	TTS	1. Respective Living Unit Managers will ensure they meet weekly with their CM/CWS/PA to discuss Casework issues, completion of assigned duties and review monthly work schedules	04/15/09	Complete	Memorandum from Yvette Marc-Aurele, Superintendent, regarding Case Conference System dated 04/03/09 Verification will be reported in Monthly Reports submitted to the Office of the Superintendent	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CASE CONFERENCE SYSTEM AT O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

December 1 through 5, 2008

Finding 3:   Program credit system not publicly displayed.

The Office of Audits and Compliance recommends that OHCYCF take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review (To be completed by CPRB)
3.1	Display the written program credit system on the locked bulletin board located in the dayroom on all of the halls at OHCYCF.	TTS	1. Verified Program Credit System was posted	12/22/08	Complete	Living UnitManagers reported to Superintendent	
		CM/CWS/PA I SYCC	1. CM/CWS/PA I will post Program Credit System on bulletin board in the dayroom	12/22/08	Complete	Visual Inspection	
3.2	The Senior Youth Correctional Counselor or designated staff shall monitor the bulletin board weekly to ensure the program credit system remains displayed.	SYCC	1. SYCC will check weekly and verify Program Credit System is posted on the bulletin board in the dayroom	04/03/09	Complete	Email to all SYCCs dated 04/03/09	
		TTS	1. The SYCC will document weekly verification of Program Credit System being posted and report the specific dates to the TTS for documenting in the Monthly Report	04/03/09	Complete	Monthly Report will be sent to the Office of the Superintendent	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Ward Education Programs

Finding 1: English Language Learner students not all assigned to school within four days of arrival.

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
1.1	Develop a monitoring system to accurately ensure students are enrolled into an educational program within four days of arrival to the institution.	School Scheduler and ELL Coordinator	ELL Coordinator and School Scheduler will collaborate to see that all ELL students are scheduled in appropriate classes with 4 days.		Completed. October 21, 2008		

Ward Education Programs

Finding 2: Special Education students not all assigned to school within four days of arrival.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
2.1	Develop a monitoring system to accurately ensure students are enrolled into an educational program within four days of arrival to the institution.	School Scheduler and MST	All student files for active IEP students have files screened by MST. Scheduling recommendations are sent from MST to school scheduler to assign students to appropriate special education case carrier and appropriate school schedule. Sending institution MST contacts receiving MST to alert them of new student arrivals.		Completed. August 29, 2008		

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Ward Education Programs

Finding 3: **Non-English Language Learner students not all assigned to school within four days of arrival.**

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
3.1	Develop a monitoring system to accurately ensure students are enrolled into an educational program within four days of arrival to the institution.	School Scheduler	School Scheduler reviews "sending facility" WIN database to ascertain student scheduling needs. Students are placed in appropriate courses based on student needs.		Completed. August 29, 2008		

Ward Education Programs

Finding 4: No written procedure to address Four Day Enrollment.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	**Recommendations/ Description**	**Action Required By Whom**	**Proposed Action Plan**	**Date To Be Completed**	**Current Status**	**Comments/POP ***	**Follow-up Review**
4.2	Develop a written procedure to ensure that students are assigned to an educational program within four days of arrival to their assigned facility.	School Scheduler	School Scheduler adheres to existing School Scheduling Procedures document (written February, 2008) to schedule students in appropriate courses.		Completed. February, 2008		

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Information Security

Finding 1: **A former employee still has network access authorization.**

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
1.1	Access to any CDCR computerized information is restricted to authorized persons. The sensitive nature of CDCR data requires strict controls over who is allowed access to it.	SISA	Computer access is de-activated for all users who do not have the forms on file. Verify with Personnel all current employees and separated staff.		Completed / June 5, 2008	All staff files were reviewed by the SISA and Personnel staff to ensure the Use of Computer forms were up to date and in each staff's personnel file.	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Information Security

Finding 2:   **The physical locations of Staff Computers do not agree to inventory records.**

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
2.1	Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records.	SISA	Physically locate and document the locations of all computers and other IT equipment at the institution and verify records with Property Clerk.		Completed / June 5, 2008	All computers and other IT equipment have been identified and are tracked by the Property Controller at Central Facilities. The 5 missing computers have been identified and have been surveyed out. As new equipment is received, the new location is reported to the Property Controller by the LAN Manager	

Information Security

Finding 3:   **Staff monitors and computers are not correctly labeled, "No Inmate Access."**

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
3.1	Each computer in a facility shall be labeled to indicate whether ward access is authorized.	SISA	Label both the CPU and the monitor. If EIS has not responded within two weeks, make your own labels with any appropriate language such as "No Ward Access". Every staff monitor and computer will be labeled with 'No Ward Access'.		Completed / July 31, 2008	Labels stating 'NO WARD ACCESS' have been placed on every computer and monitor as well as placed on new computers and monitors as soon as they are received.	

Information Security

Finding 4: Staff monitors are not visible to wards.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
4.1	An inventory of computers was requested several times prior to the start of the audit. None was received. The random selections of computers used for the audit were selected from the OHCYCF active directory. Computers not found during the audit are factored in as they were listed as being active in the active directory. It should be noted that all locatable computers were in compliance.	SISA			Completed / July 31, 2008	All inventory records are maintained through the Property Controller in the Procurement Office at NCYCC Central Facilities. All computer objects in Active Directory for OHC are current and up-to-date for inventory purposes.	

Information Security

Finding 5: Staff computers do not have up-to-date antivirus software.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
5.1	Update antivirus software on all staff computers at least monthly.	EIS/SISA	For stand-alone computers, install AV software and update it. For networked computers, manually update the AV, then coordinate with EIS to identify and mitigate causes of the failed automated update process as it affects your institution. Also, identify resources to keep the AV software up-to-date in the future.		Completed / July 31, 2008 .	All computers have AV software installed. Laptops and stand-alone computers are regularly connected to the network in order to receive AV updates from EIS. SISA is working with teachers to have updates installed monthly.	

Information Security

Finding 6: Staff computers do not have up-to-date security patches.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
6.1	Update security patches on all staff computers.	SISA	For stand alone computers, manually update security patches on a periodic basis. For networked computers, manually update the patches, then coordinate with EIS to identify and mitigate causes of the failed automated update process as it affects your institution. Also, identify resources to keep the patches up-to-date in the future.		Completed / July 31, 2008	All computers have updated security patches installed. Laptops and stand-alone computers are regularly connected to the network in order to receive security patches. EIS has been contacted and security updates are being installed and monitored	

Information Security

Finding 7: Physical locations of ward education computers do not agree to inventory records.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
7.1	Maintain accurate inventory records of all ward computers. Evaluate procedures and resources used to maintain inventory records on ward computers.	Education SISA	Physically locate and document the locations of all ward computers at the institution. Coordinate with Division of Juvenile Programs staff at HQ, the local education staff, and law library staff.		Completed, July 31, 2008	All computer equipment inventory records are maintained through the Property Controller in the Procurement Office at NCYCC Central Facilities.	

Information Security

Finding 8: Ward computers were not labeled "For Ward Use Only."

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
8.1	Affix proper labels to all ward monitors.	Education SISA	Label both the CPU and the monitor. If EIS has not responded within two weeks, make your own labels with any appropriate language such as "Ward Use Allowed." Every ward computer will be labeled with 'Student Use'.	October 3, 2008		Labels stating 'STUDENT USE' have been placed on every ward computer and monitor as well as placed on new computers and monitors as soon as they are put into location.	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Information Security

Finding 9: Ward accessed computers do not have up-to-date antivirus software.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
9.1	Update antivirus software on all wards computers.	Education SISA	Install and periodically update AV software. Identify resources to keep the AV software up-to-date in the future.	October 3, 2008		Antivirus software and the latest update were copied to CD, and manually installed on each ward computer. SISA is working with the teachers to ensure monthly updates occur.	

Information Security

Finding 10: All critical data for the institution is backed up to the server.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
10. 1	Continue the practice of all critical data being backed up to the server instead of staff's desktop.	SISA			Completed July 31, 2008	All Active Directory users logged into any computer at OHCYC do not have the access to save data to the local computers hard drive, and my backup any data to the local shared server. This server is also backed up to servers located at EIS.	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Information Security

Finding 11: Flash drives requested by staff are not signed off by the LAN manager. Management does not feel there is a critical need for them at this time.

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:							
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
11. 1	Continue the process of evaluating the necessity of providing flash drives to staff. This evaluation process assists in Division of Juvenile Justice critical data not being lost or compromised.	SISA			Completed July 31, 2008	Flash drives are currently not allowed in OHCYCF	

Health Care Services

Finding 1: Missing Health Care Services Request forms.

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
1.1	Develop local operating procedures for OHCYCF health care staff that specifies where to place the Health Care Services Request forms.	CMO	Remedial training on logging Health Care Services Request forms on the tracking log was provided to the nurses and clerical staff in May of 2008 and reviewed in September of 2008.	May 14, 2008	Completed	Memo attached: "SICK CALL PROCEDURE FOR (non-WIN) MENTAL HEALTH REQUESTS"	
1.2	Provide formal training to all health care staff regarding the proper filing of Health Care Services Request forms.	Sr. Psychologist	Provide formal training to all health care staff regarding the proper filing of Health Care Service Request forms.	October of 2008	In progress	Training provided on 9/09/08 to 5 of 8 Mental Health staff (3 MH staff not present). Will provide training to remaining staff within two weeks.	
		SRN III	Remedial training on filing Health Care Services Request forms in the UHR was provided to nurses in May of 2008.		Completed	Attached; Training material with R & I pages: - Memorandum: Sick Call Procedure for (Non-WIN) Mental Health Requests Standard Operating Policy: HC Services Request Forms – Mental Health	

Health Care Services

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
1.3	Develop a monitoring system that will track the Health Care Services Request forms.	CMO	In conjunction with Nursing Supervisors and Chief Psychologists, utilize the Health Care Services Tracking Log and monitor utilization through the MH QM Subcommittee via internal self-audits.	October 30, 2008	Incomplete	Currently being formally audited with due date of first self-audit of 9/19/08 (completed). Results to be reviewed by MN QM Subcommittee in October of 2008.	

Finding 2: Lack of Documentation.

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:							
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
2.1	Provide formal training to all psychiatrists/psychologists on the proper method for documenting that assessments and treatment has been delivered.	Chief Psychologist	Deliver formal training via in-service regarding the proper method for documenting the completion of assessment/treatment referrals.	Occtober 30, 2008	Incomplete	Training provided on 9/09/08 to 5 of 8 Mental Health staff (3 MH staff not present). Will provide training to remaining staff by 10/30/08. Attached: - Completing Referral in WIN, Parts 1 and 2	

Health Care Services

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
2.2	Develop a monitoring system to ensure that all wards who are requesting services by submitting a Health Care Services Request form are receiving treatment.	CMO	Utilize the Health Care Services Tracking Log and monitor for completion of MH professional contact. Remedial training on logging Health Care Service Request forms on the tacking log was provided to the nurses in May of 2008 and clerical staff in September of 2008. The UR nurse will audit 5 UHRs each month of youth seen for mental health referrals as reported by mental health staff to ensure that all of the requests were logged on the Health Care Services Tracking Log. The UR nurse will report the findings to the SRN III who will report to the QMC. If individual remedial training is necessary, the SRN III or SMT will meet with the staff involved and plan for further instruction and compliance. If a universal problem is found to exist, additional training will be provided to all nursling staff and clerical staff.	October 30, 2008	Incomplete	Currently being formally reviewed with due date of first self-audit of 9/19/08 (completed). Results to be reviewed by MH QM Subcommittee in October of 2008.	

Health Care Services

Finding 3: Improper format.

| The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions: |

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
3.1	Provide formal training to all psychiatrists/psychologists on the SOAP format.	Chief Psychologist Senior Psychologist	Provide formal training inservice on SOAP note format. Remedial training on SOAP documentation was provided to the OHC MH staff in September of 2008. Staff not present will be instructed individually. Through the monthly Peer Review process, UHRs will be audited for SOAP documentation. The Peer Review Chair will report the results of the Peer Review to the Chief Psychologist and to the MH QM Subcommittee. The MH QM Subcommittee chair will report the results of the Peer Review to the QMC. If individual remedial training is necessary, the Sr. Psychologist will meet with the staff involved and plan for further instruction and compliance. If a universal problem is found to exist, additional training will be provided to all MH staff.	October 30, 2008	Incomplete	Training was provided on 9/09/08 to 5 of 8 Mental Health staff (3 MH staff not present). Will provide training to remaining staff by 10/30/08. Attached: - Chronological Notation Template - SOAP Template - Mental Health Progress Note DJJ 8.263	

Health Care Services

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
3.2	Establish an OHCYCF Health Care Local Operating policy.	CMO	CMO to establish a Health Care Local Operating Policy for NYACK (includes NAYS and OHCYCF).	September 19, 2008	Completed	A local operating procedure is in place for mental health referrals and it is located in all clinics and the outpatient housing unit.	

Health Care Services

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
3.3	Develop a monitoring system to ensure the assessments are documented.	CMO	Initiate Peer Review process to ensure completion of documentation and follow-up of MH referrals. Remedial training on logging Health Care Services Request forms on the tacking log was provided to nurses in 5/08 and clerical staff in 9/08. Remedial training on processing and completing referrals was provided to most MH staff in 9/08. Staff not in attendance will be trained individually. The Sr. Psychologist will audit 10 UHRs each quarter of youth seen for mental health referrals logged on the Health Care Services Tracking Log to ensure that each request was completed and documented. The Sr. Psychologist will report the findings to the MH QM Subcommittee Chair who will report to the QMC. If individual remedial training is necessary, the Sr. Psychologist will meet with the staff involved and plan for further instruction and compliance. If a universal problem is found to exist, additional training will be provided to all mental health staff and MH clerical staff.	September 30, 2008 October 30, 2008	Completed Incomplete	The first Peer Review Committee meeting at OHC was on 9/26/08. Results were forwarded to the MH QM Subcommittee for review. Findings will be reported at the next MH QM Subcommittee in October of 2008.	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF O.H. CLOSE YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

May 19 through 22, 2008

Health Care Services

Finding 4: Health Care Services Request forms not logged onto the Health Care Services Request Tracking log.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
4.1	Ensure all request forms are logged on the Health Care Services Request Tracking log. .	SRN III	Remedial training on logging Health Care Service Request forms on the tacking log was provided to the nurses in May of 2008 and clerical staff in September of 2008. The UR nurse will audit 5 UHRs each month of youth seen for mental health referrals as reported by mental health staff to ensure that all of the requests were logged on the Health Care Services Tracking Log. The UR nurse will report the findings to the SRN III who will report to the QMC. If individual remedial training is necessary, the SRN III or SMT will meet with the staff involved and plan for further instruction and compliance. If a universal problem is found to exist, additional training will be provided to all nursing staff and clerical staff.	October 30, 2008	Incomplete		

Health Care Services

Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
4.2	Provide training to all health care staff in order to ensure all staff are aware that the Health Care Services Request form must be logged by an RN on the Health Care Services Request Tracking log.	SRN III	Remedial training on logging Health Care Services Request forms on the tracking log was provided to the nurses and clerical staff in May of 2008 and reviewed in September of 2008.	September of 2008	Complete		

Health Care Services

Finding 5: Health Care Services Request forms are not properly completed.

The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
5.1	Provide Nurses with assessment training.	SRN III	Health Care Services conducted physical assessment training to a portion of the nurses in May and June of 2008 and will resume after the budget is settled.	April 30, 2009	Incomplete		
5.2	Ensure all health care staff follow the I&C Manual, Revision IT-46. Non-emergent health care	CMO	Local operating procedures and CMO memorandum on referral process reflect TDO 06-49 and I&C Manual revision IT-46.		Complete	Ref: - TDO 06-49 - Memorandum: Sick Call Procedure for (non-WIN) Mental Health Requests - Standard Operating Policy: HC Services Request Forms – Mental Health	

Health Care Services

Finding 6: Data incorrect or missing from the Health Care Services Request Tracking log.

	The Office of Audits and Compliance recommends that O.H. Close Youth Correctional Facility take the following actions:						
Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *	Follow-up Review
6.1	Provide training to all health care staff on how to properly complete and log information onto the Health Care Services Request Tracking log.	SRN III	Remedial training on logging Health Care Services Request forms on the tracking log was provided to the nurses and clerical staff in May of 2008 and reviewed in September of 2008.	September of 2008	Complete		